

MAY 15 1940

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

12947

State File No.

Registrar's No. 3149

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5301 Nottingham
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME JAMES F. BROWN 650

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Brown 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar. 18, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Clerk

11. Industry or business Retired 3 years. M

12. Name James Brown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Brown
(b) Address 5301 Nottingham

17. (a) Burial (b) Date thereof 4-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) APR 4 1940 (Date received local registrar) J. B. Balch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Nottingham
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1940 hour _____ minute 8:30a M.

21. I hereby certify that I attended the deceased from Nov. 10-1939
_____, 19____, to Apr. 4, 1940;
that I last saw him alive on Apr. 4, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus 57
Duration 1yr.

Due to _____

Due to _____

Other conditions Ch. Myocarditis; Coronary occlusion
(Include pregnancy within 3 months of death)

Major findings: Beginning gangrene of toes
Of operations Left foot

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury _____

23. Signature R. Berg M.D. (M. D. or other) 1

Address 253 Chevreton Date signed 4/4/40

Edith Berg
2253 Nebraska
3-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.